



**Inspections Department**  
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# **FOOD ESTABLISHMENT PLAN REVIEW APPLICATION**

**Complete and submit to Health Inspector  
City of Mineral Wells**

## **SECTION I**

**FOOD ESTABLISHMENT PLAN REVIEW  
APPLICATION TO BE  
COMPLETED BY THE OPERATOR  
AND SUBMITTED TO THE  
REGULATORY AUTHORITY**

*Please note: This application must be fully completed, with all questions answered and submitted with the plans, proposed menu, complete equipment schedule, and schedule requested herein along with any necessary plan review fee paid before the review will be initiated.*

Date: \_\_\_\_\_ Regulatory Authority \_\_\_\_\_

### FOOD ESTABLISHMENT PLAN REVIEW APPLICATION

\_\_\_\_NEW

\_\_\_\_REMODEL

\_\_\_\_CONVERSION

Name of Establishment: \_\_\_\_\_

Category: Restaurant- \_\_\_\_\_ Institution \_\_\_\_\_ Daycare \_\_\_\_\_ Retail Market \_\_\_\_\_ Other \_\_\_\_\_

Address: \_\_\_\_\_

Phone if available: \_\_\_\_\_

Name of Owner: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_

Title (owner, manager, architect, etc.): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

I have submitted plans/applications to the following authorities on the following dates:

\_\_\_\_Governing Board of Council  
\_\_\_\_Zoning  
\_\_\_\_Planning  
\_\_\_\_Building  
\_\_\_\_Conservation

\_\_\_\_Plumbing  
\_\_\_\_Electric  
\_\_\_\_Police  
\_\_\_\_Fire  
\_\_\_\_Other

Hours of Operation: Mon \_\_\_\_\_ Tues \_\_\_\_\_ Wed \_\_\_\_\_ Thurs \_\_\_\_\_  
Fri \_\_\_\_\_ Sat \_\_\_\_\_ Sun \_\_\_\_\_

Number of Seats: \_\_\_\_\_

Number of Staff: \_\_\_\_\_  
 (Maximum per shift)  
 Total Square Feet of Facility: \_\_\_\_\_  
 Number of Floors on which operations are conducted \_\_\_\_\_  
 Maximum Meals to be Served: Breakfast \_\_\_\_\_  
 (approximate number) Lunch \_\_\_\_\_  
 Dinner \_\_\_\_\_  
 Projected Date for Start of Project: \_\_\_\_\_  
 Projected Date for Completion of Project: \_\_\_\_\_

Type of Service: Sit Down Meals \_\_\_\_\_  
 (check all that apply) Take Out \_\_\_\_\_  
 Caterer \_\_\_\_\_  
 Mobile Vendor \_\_\_\_\_  
 Other \_\_\_\_\_

Please enclose the following documents:

\_\_\_\_\_ Proposed Menu (including seasonal, off-site and banquet menus)

\_\_\_\_\_ Manufacturer Specification sheets for each piece of equipment shown on the plan

\_\_\_\_\_ Site plan showing location of business in building; location of building on site including alleys, streets; and location of any outside equipment (dumpsters, well, septic system - if applicable)

\_\_\_\_\_ Plan drawn to scale of food establishment showing location of equipment, plumbing, electrical services and mechanical ventilation

\_\_\_\_\_ Equipment schedule

### **CONTENTS AND FORMAT OF PLANS AND SPECIFICATIONS**

1. Provide plans that are a minimum of 11 x 14 inches in size including the layout of the floor plan accurately drawn to a minimum scale of 1/4 inch = 1 foot. This is to allow for ease in reading plans.
2. Include: proposed menu, seating capacity, and projected daily meal volume for food service operations.
3. Show the location and when requested, elevated drawings of all food equipment. Each piece of equipment must be clearly labeled on the plan with its common name. Submit drawings of self-service hot and cold holding units with sneeze guards.

4. Designate clearly on the plan equipment for adequate rapid cooling, including ice baths and refrigeration, and for hot-holding potentially hazardous foods.
5. Label and locate separate food preparation sinks when the menu dictates to preclude contamination and cross-contamination of raw and ready-to-eat foods.
6. Clearly designate adequate handwashing lavatories for each toilet fixture and in the immediate area of food preparation.
7. Provide the room size, aisle space, space between and behind equipment and the placement of the equipment on the floor plan.
8. On the plan represent auxiliary areas such as storage rooms, garbage rooms, toilets, basements and/or cellars used for storage or food preparation. Show all features of these rooms as required by this guidance manual.
9. Include and provide specifications for:
  - a. Entrances, exits, loading/unloading areas and docks;
  - b. Complete finish schedules for each room including floors, walls, ceilings and coved juncture bases;
  - c. Plumbing schedule including location of floor drains, floor sinks, water supply lines, overhead waste-water lines, hot water generating equipment with capacity and recovery rate, backflow prevention, and wastewater line connections;
  - d. Lighting schedule with protectors;
    - (1) At least 110 lux (10 foot candles) at a distance of 75 cm (30 inches) above the floor, in walk-in refrigeration units and dry food storage areas and in other areas and rooms during periods of cleaning;
    - (2) At least 220 lux (20 foot candles):
      - (a) At a surface where food is provided for consumer self-service such as buffets and salad bars or where fresh produce or packaged foods are sold or offered for consumption;
      - (b) Inside equipment such as reach-in and under-counter refrigerators;
      - (c) At a distance of 75 cm (30 inches) above the floor in areas used for handwashing, warewashing, and equipment and utensil storage, and in toilet rooms; and

(3) At least 540 lux (50 foot candles) at a surface where a food employee is working with food or working with utensils or equipment such as knives, slicers, grinders, or saws where employee safety is a factor.

e. Food Equipment schedule to include make and model numbers and listing of equipment that is certified or classified for sanitation by an ANSI accredited certification program (when applicable).

f. Source of water supply and method of sewage disposal. Provide the location of these facilities and submit evidence that state and local regulations are complied with;

g. A color coded flow chart demonstrating flow patterns for:

- food (receiving, storage, preparation, service);
- food and dishes (portioning, transport, service);
- dishes (clean, soiled, cleaning, storage);
- utensil (storage, use, cleaning);
- trash and garbage (service area, holding, storage);

h. Ventilation schedule for each room;

i. A mop sink or curbed cleaning facility with facilities for hanging wet mops;

j. Garbage can washing area/facility;

k. Cabinets for storing toxic chemicals;

l. Dressing rooms, locker areas, employee rest areas, and/or coat rack;

m. Completed Section 1;

n. Site plan (plot plan)

## FOOD PREPARATION REVIEW

Check categories of Potentially Hazardous Foods (PHF's) to be handled, prepared and served.

<u>CATEGORY</u> *	<u>(YES)</u>	<u>(NO)</u>
1. Thin meats, poultry, fish, eggs (hamburger; sliced meats; fillets)	( )	( )
2. Thick meats, whole poultry (roast beef; whole turkey, chickens, hams)	( )	( )
3. Cold processed foods (salads, sandwiches, vegetables)	( )	( )
4. Hot processed foods (soups, stews, rice/noodles, gravy, chowders, casseroles)	( )	( )
5. Bakery goods (pies, custards, cream fillings & toppings)	( )	( )
6. Other _____ _____		

\* A generic HACCP plan for each category of food may be available from the regulatory authority for reference.

### ***PLEASE CIRCLE/ANSWER THE FOLLOWING QUESTIONS***

#### **FOOD SUPPLIES:**

- What are the projected frequencies of deliveries for Frozen foods \_\_\_\_\_, Refrigerated foods \_\_\_\_\_, and Dry goods \_\_\_\_\_.
- Provide information on the amount of space (in cubic feet) allocated for:  
Dry storage \_\_\_\_\_,  
Refrigerated Storage \_\_\_\_\_, and  
Frozen storage \_\_\_\_\_.
- How will dry goods be stored off the floor?  
\_\_\_\_\_

**COLD STORAGE:**

1. Is adequate and approved freezer and refrigeration available to store frozen foods frozen, and refrigerated foods at 41°F (5°C) and below? YES / NO  
Provide the method used to calculate cold storage requirements.

2. Will raw meats, poultry and seafood be stored in the same refrigerators and freezers with cooked/ready-to-eat foods? YES / NO

If yes, how will cross-contamination be prevented?

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3. Is there a bulk ice machine available? YES / NO

**THAWING FROZEN POTENTIALLY HAZARDOUS FOOD:**

Please indicate by checking the appropriate boxes how frozen potentially hazardous foods (PHF's) in each category will be thawed. More than one method may apply. Also, indicate where thawing will take place.

Thawing Method	*THICK FROZEN FOODS	*THIN FROZEN FOODS
Refrigeration		
Running Water Less than 70°F(21°C)		
Microwave (as part of cooking process)		
Cooked from Frozen state		
Other (describe)		

\* Frozen foods: approximately one inch or less = thin, and more than an inch = thick.

**COOKING:**

List types of cooking equipment.

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**HOT/COLD HOLDING:**

1. How will hot PHF's be maintained at 140°F (60°C) or above during holding for service?  
Indicate type and number of hot holding units.

2. How will cold PHF's be maintained at 41°F (5°C) or below during holding for service?  
Indicate type and number of cold holding units.

**COOLING:**

Please indicate by checking the appropriate boxes how PHFs will be cooled to 41°F (5°C) within 6 hours (140°F to 70°F in 2 hours and 70°F to 41°F in 4 hours). Also, indicate where the cooling will take place.

COOLING METHOD	THICK MEATS	THIN MEATS	THIN SOUPS/ GRAVY	THICK SOUPS/ GRAVY	RICE/ NOODLES
Shallow Pans					
Ice Baths					
Reduce Volume or Size					
Rapid Chill					
Other (describe)					

**REHEATING:**

1. How will PHFs that are cooked, cooled, and reheated for hot holding be reheated so that all parts of the food reach a temperature of at least 165°F for 15 seconds. Indicate type and number of units used for reheating foods.

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2. How will reheating food to 165°F for hot holding be done rapidly and within 2 hours?

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**PREPARATION:**

1. Please list categories of foods prepared more than 12 hours in advance of service.

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2. Will food employees be trained in good food sanitation practices? YES / NO  
Method of training:

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Number(s) of  
employees: \_\_\_\_\_

3. Will disposable gloves and/or utensils and/or food grade paper be used to prevent handling of ready-to-eat foods? YES / NO

4. Is there a written policy to exclude or restrict food workers who are sick or have infected cuts and lesions? YES / NO  
Please describe:

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5. How will cooking equipment, cutting boards, counter tops and other food contact surfaces which cannot be submerged in sinks or put through a dishwasher be sanitized?

Chemical Type: \_\_\_\_\_

Concentration: \_\_\_\_\_

Test Kit: YES / NO

6. Will ingredients for cold ready-to-eat foods such as tuna, mayonnaise and eggs for salads and sandwiches be pre-chilled before being mixed and/or assembled? YES/NO

If not, how will ready-to-eat foods be cooled to 41°F?

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7. Will all produce be washed on-site prior to use? YES / NO

Is there a planned location used for washing produce? YES / NO

Describe \_\_\_\_\_

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If not, describe the procedure for cleaning and sanitizing multiple use sinks between uses.

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8. Describe the procedure used for minimizing the length of time PHFs will be kept in the temperature danger zone (41°F - 140°F) during preparation.

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9. Provide a HACCP plan for specialized processing methods such as vacuum packaged food items prepared on-site or otherwise required by the regulatory authority.

10. Will the facility be serving food to a highly susceptible population? YES / NO  
If yes, how will the temperature of foods be maintained while being transferred between the kitchen and service area?

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## **FINISH SCHEDULE**

Applicant must indicate which materials (quarry tile, stainless steel, 4" plastic coved molding, etc.) will be used in the following areas.

	<b>FLOOR</b>	<b>COVING</b>	<b>WALLS</b>	<b>CEILING</b>
<b>Kitchen</b>				
<b>Bar</b>				
<b>Food Storage</b>				
<b>Other Storage</b>				
<b>Toilet Rooms</b>				
<b>Dressing Rooms</b>				
<b>Garbage &amp; Refuse Storage</b>				
<b>Mop Service Basin Area</b>				
<b>Warewashing Area</b>				
<b>Walk-in Refrigerators and Freezers</b>				

## **INSECT AND RODENT CONTROL**

Please check appropriate boxes.

	YES	NO	NA
1. Will all outside doors be self-closing and rodent proof ?	( )	( )	( )
2. Are screen doors provided on all entrances open to the outside?	( )	( )	( )
3. Do all openable windows have a minimum #16 mesh screening?	( )	( )	( )
4. Is the placement of electrocution devices identified on the plan?	( )	( )	( )
5. Will all pipes & electrical conduit chases be sealed; ventilation systems exhaust and intakes protected?	( )	( )	( )
6. Is area around building clear of unnecessary brush and other harborage?	( )	( )	( )
7. Will air curtains be used? If yes, where? _____	( )	( )	( )

## **GARBAGE AND REFUSE**

### **Inside**

1. Will refuse be stored inside? If so, where? _____ _____	( )	( )	( )
2. Is there an area designated for garbage can or floor mat cleaning?	( )	( )	( )

### **Outside**

3. Will a dumpster be used? Number _____ Size _____ Frequency of pickup _____ Contractor _____	( )	( )	( )
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4. Will a compactor be used? ( ) ( ) ( )

Number \_\_\_\_\_ Size \_\_\_\_\_

Frequency of pick up \_\_\_\_\_

Contractor \_\_\_\_\_

5. Will garbage cans be stored outside? ( ) ( ) ( )

6. Describe surface and location where dumpster/compactor/garbage cans are to be stored

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7. Describe location of grease storage receptacle

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8. Is there an area to store recycled containers? ( ) ( ) ( )

Describe \_\_\_\_\_

Indicate what materials are required to be recycled;

( ) Glass

( ) Metal

( ) Paper

( ) Cardboard

( ) Plastic

9. Is there any area to store returnable damaged goods? ( ) ( ) ( )

### PLUMBING CONNECTIONS

	AIR GAP	AIR BREAK	*INTEGRA L TRAP	* □ P □ TRAP	VACUUM BREAKER	CONDENSAT E PUMP
Toilet						
Urinals						
Dishwasher						
Garbage Grinder						
Ice machines						
Ice storage bin						
Sinks a. Mop b. Janitor c. Handwash d. 3 Compartment e. 2 Compartment f. 1 Compartment g. Water Station						
Steam tables						

Dipper wells						
Condensate/ drain lines						
Hose connection						
Potato peeler						
Beverage Dispenser w/carbonator						
Other						

\* **TRAP:** A fitting or device which provides a liquid seal to prevent the emission of sewer gases without materially affecting the flow of sewage or waste water through it. An integral trap is one that is built directly into the fixture, e.g., a toilet fixture. A "P" trap is a fixture trap that provides a liquid seal in the shape of the letter "P". Full "S" traps are prohibited.

Are floor drains provided & easily cleanable, if so, indicate location:

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### **WATER SUPPLY**

1. Is water supply public ( ) or private ( ) ?

2. If private, has source been approved? YES ( ) NO ( )  
PENDING ( )

Please attach copy of written approval and/or permit.

3. Is ice made on premises ( ) or purchased commercially ( ) ?

If made on premise, are specifications for the ice machine provided?

YES ( ) NO ( )

Describe provision for ice scoop  
storage: \_\_\_\_\_

Provide location of ice maker or bagging  
operation \_\_\_\_\_



4. What is the capacity of the hot water generator?

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5. Is the hot water generator sufficient for the needs of the establishment?  
Provide calculations for necessary hot water (see Part 5 & Part 9 Under Section III in this manual)

6. Is there a water treatment device?    YES ( )    NO ( )  
If yes, how will the device be inspected & serviced?

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7. How are backflow prevention devices inspected & serviced?

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**SEWAGE DISPOSAL**

1. Is building connected to a municipal sewer?                      YES ( )    NO ( )

2. If no, is private disposal system approved?                      YES ( )    NO ( )  
PENDING ( )

Please attach copy of written approval and/or permit.

3. Are grease traps provided?    YES ( )    NO ( )  
If so, where?

Provide schedule for cleaning & maintenance \_\_\_\_\_

**DRESSING ROOMS**

1. Are dressing rooms provided?    YES ( )    NO ( )

2. Describe storage facilities for employees' personal belongings (i.e., purse, coats, boots, umbrellas, etc.) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## GENERAL

1. Are insecticides/rodenticides stored separately from cleaning & sanitizing agents? YES ( ) NO ( )

Indicate location: \_\_\_\_\_

2. Are all toxics for use on the premise or for retail sale (this includes personal medications), stored away from food preparation and storage areas?  
YES ( ) NO ( )

3. Will linens be laundered on site? YES ( ) NO ( )  
If yes, what will be laundered and where?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If no, how will linens be cleaned?

\_\_\_\_\_

4. Is a laundry dryer available? YES ( ) NO ( )

5. Location of clean linen storage:

\_\_\_\_\_

6. Location of dirty linen storage:

\_\_\_\_\_

7. Are containers constructed of safe materials to store bulk food products?  
YES ( ) NO ( )

Indicate type:

\_\_\_\_\_

\_\_\_\_\_

**Ventilation:**

1. Indicate all areas where exhaust hoods are installed:

LOCATION	FILTERS &/OR EXTRACTI ON DEVICES	SQUARE FEET	FIRE PROTECTIO N	AIR CAPACITY CFM	AIR MAKEUP CFM

2. How is each listed ventilation hood system cleaned?

\_\_\_\_\_

\_\_\_\_\_

**SINKS**

1. Is a mop sink present?

YES ( ) NO ( )

If no, please describe facility for cleaning of mops and other equipment:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. If the menu dictates, is a food preparation sink present? YES ( ) NO ( )

**DISHWASHING FACILITIES**

1. Will sinks or a dishwasher be used for warewashing?

Dishwasher ( )

Two compartment sink ( )

Three compartment sink ( )

2. Dishwasher

Type of sanitization used:

Hot water (temp. provided) \_\_\_\_\_  
Booster heater \_\_\_\_\_  
Chemical type \_\_\_\_\_

Is ventilation provided? YES ( ) NO ( )

3. Do all dish machines have templates with operating instructions?  
YES ( )  
NO ( )

4. Do all dish machines have temperature/pressure gauges as required that are accurately working?  
YES ( )  
NO ( )

5. Does the largest pot and pan fit into each compartment of the pot sink?  
YES ( ) NO ( )  
If no, what is the procedure for manual cleaning and sanitizing?  
\_\_\_\_\_  
\_\_\_\_\_

6. Are there drain boards on both ends of the pot sink? YES ( ) NO ( )

7. What type of sanitizer is used?  
Chlorine ( )  
Iodine ( )  
Quaternary ammonium ( )  
Hot water ( )  
Other ( )

#### **HANDWASHING/TOILET FACILITIES**

1. Is there a handwashing sink in each food preparation and warewashing area?  
YES ( ) NO ( )

2. Do all handwashing sinks, including those in the restrooms, have a mixing valve or combination faucet?  
YES ( ) NO ( )

3. Do self-closing metering faucets provide a flow of water for at least 15 seconds without the need to reactivate the faucet?  
YES ( ) NO ( )

4. Is hand cleanser available at all handwashing sinks? YES ( ) NO ( )

5. Are hand drying facilities (paper towels, air blowers, etc.) available at all handwashing sinks? YES( ) NO( )

6. Are covered waste receptacles available in each restroom? YES( ) NO( )

7. Is hot and cold running water under pressure available at each handwashing sink? YES( ) NO( )

8. Are all toilet room doors self-closing? YES( ) NO( )

9. Are all toilet rooms equipped with adequate ventilation? YES( ) NO( )

10. If required, is a handwashing sign posted in each employee restroom? YES( ) NO( )

#### SMALL EQUIPMENT REQUIREMENTS

Please specify the number, location, and types of each of the following:

Slicers \_\_\_\_\_  
Cutting boards \_\_\_\_\_  
Can openers \_\_\_\_\_  
Mixers \_\_\_\_\_  
Floor mats \_\_\_\_\_  
Other \_\_\_\_\_

**If this application is complete and if the plans and specifications are approved, I will construct this facility in full compliance with them and in conformance to the \_\_\_\_\_ Food Code.**

\_\_\_\_\_  
Signature of Owner

\_\_\_\_\_  
Printed Name of Owner

\_\_\_\_\_  
Signature of Applicant (if different from above)

\_\_\_\_\_  
Printed Name of Applicant (if different from above)





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## **NEW & REMODELED FOOD ESTABLISHMENT HEALTH PERMIT REQUIREMENTS**

Whenever a food service establishment is constructed, extensively remodeled, a change of ownership occurs, the nature of the operation changes, or whenever an existing structure is converted to be used as a food service establishment, properly prepared plans and specifications of such construction, remodeling or conversion shall be submitted to Neighborhood Services for review and approval *before* construction, remodeling or conversion is begun. A pre-operational inspection is required prior to the start of operations to determine compliance of the approved plans and specifications with the requirements of City Codes and Texas Food Establishment Rules.

All construction/installation shall be done in a craftsman like manner.

A food establishment is any place where food or drink is manufactured, purchased, produced, processed, transported, stored, sold, commercially prepared, vended or otherwise handled, whether offered for sale, given in exchange, given away for use as food or furnished for human consumption.

### **CONSTRUCTION OF BUILDING**

**Floors** in all food preparations, food storage, utensil-washing areas, walk-in refrigeration units, dressing rooms, locker rooms, toilet rooms, laundry rooms and vestibules shall be constructed of smooth durable material such as sealed concrete, terrazzo or ceramic tile or durable grades of linoleum or plastic which have been properly installed. Hub and/or floor drains shall be adequate for proper cleaning of floors. The juncture where the wall and floor meet must be coved and sealed. **Walls** in preparation, storage and utensil-washing areas must be covered with a smooth, easily cleanable, and non-absorbent material. No wooden walls or shelving are permitted. Materials such as stainless steel, fire resistant panel (FRP, Marlite), ceramic tile, fiberglass or similar products are recommended. **Ceilings** shall be smooth, easily cleanable and made of non-absorbent material. Ceiling tiles, if used in food preparation, food storage, or food service areas, must be vinyl coated. **Lighting** must be adequate in all rooms. Shielded light fixtures are required over, by or within food storage, preparation, service and display facilities, as well as facilities where utensils and equipment are cleaned and stored. **Vent a Hoods** with removable filters are required over cooking equipment. Contact Building Inspections at 817-427-6330 for additional information. **Auxiliary Equipment** such as water heaters, laundry machines, remote connected refrigerator compressors and air conditioners must be enclosed and located away from food preparation areas. **Grease Traps** shall be located outside, away from food preparation or utensil-washing areas. The size of the grease trap is determined by Building Inspections, which can be contacted at 817-427-6330. **Insect Control** is required by installing an air curtain or self closure over any door or window that opens.

**Exposed Utility Pipes** such as water, gas, sewer, electric, and drain lines should be stubbed at point of use. The installing of such on a wall, floor or ceiling would be a violation. If ductwork is installed it must be kept at an absolute minimum and enclosed. **Automatic Fire Extinguishers**, if used must be installed according to N.F.P.A. in accordance with International Fire Code. Contact NRH Fire Administration at 817-427-6900 for more information. **Ice Machines** shall not be located near potential contaminants, such as toxic chemical storage, exposed sewer lines, open stairwells, etc., and shall have a lid and a two-inch (2") air gap between the drain pipe and the floor drain. **Sneeze Guards** are required for all types of open-food service to customers, such as buffets, salad bars, etc. **Dry Storage** equal to 25% of kitchen area is recommended. Food stocks and paper goods shall be stored at least six inches (6") above floor level. Wooden shelving for dry storage will be approved if sealed and painted with light colored high-gloss paint.

**Personal item** storage shall be approved for storage of clothing and personal effects.

**Toxic, Poisonous Substances** such as pesticides, toxic chemicals, cleaning agents, medications, etc., shall be stored in cabinets or other locations separate from or below food, food contact items, or paper products. **Adequate Toilet Facilities** with a hand washing sink are required. Where food is served on premises, toilet facilities for both sexes are required. Minimum Health Department standards required for restrooms are: self-closing doors, hot and cold water, smooth, easily cleanable walls and floors, soap, paper towels, toilet tissue, covered trash containers, and a window or exhaust fan. At least one toilet must be equipped for handicapped people. Check building codes for construction and requirements by calling Building Inspections at 817-427-6300.

## **UTENSIL-WASHING EQUIPEMENT**

**Three Compartment Sink** is required for every food service establishment, with or without the presence of a mechanical dishwasher. Each compartment of the sink must be large enough to accommodate the largest piece of equipment used. Where indicated, additional utensil-washing facilities such as scrap sinks, pre-rinsing sinks or additional pot washing sinks may be required. Any operation serving alcoholic beverages and using glassware must have a four-compartment bar sink with drain boards on each end. **Dishwashing Machines** that properly wash, rinse, and sanitize utensils may be used. A Three compartment sink is required regardless of the use of a mechanical dishwashing machine. **Vegetable Prep/Thaw Sink**: A vegetable prep sink must be installed in all establishments that will be washing, cutting and preparing vegetables on site. A separate meat thaw sink must be installed in establishments that will be handling raw meat. **Utility Sink (Mop Sink)** or curbed cleaning facility with a floor drain for cleaning mops, etc. is required for all food and beverage establishments. If located in kitchen, it must be enclosed. Mops must be allowed to hang to dry over the utility sink when not in use.

**Hand Washing Sinks** supplied with soap and disposable towels are required in food preparation, utensil washing areas, mixed drink bar areas, and anywhere else deemed necessary by Consumer Health.

**All sinks must be provided with hot and cold water by means of a combination faucet.**

## **FOOD SERVICE EQUIPMENT AND INSTALLATION**

**Equipment and Utensils** must be designed and fabricated for durability under conditions of normal use and resistant to denting, buckling, pitting, chipping and cracking. **Food Contact Surfaces** must be impervious to liquids, unpainted and accessible for cleaning and inspection. **Non-Food Contact Surfaces** which are exposed to splashes, food debris, or require frequent cleaning must be smooth, washable, free of unnecessary ledges, projections or crevices, readily accessible for cleaning and must be constructed of easily cleanable materials. **Residential Refrigerators, Freezers, Dishwashing Machines and Ranges** are not approved for use in commercial food establishments. All equipment must be commercial grade. Walk-in coolers must have interiors of impervious, nonabsorbent materials. **Floor Mounted Equipment** must be on six inch (6") legs or moveable or sealed to the floor, or on a smooth concrete or masonry platform with a minimum height of two inches (2"). Space must be provided between walls and fixtures to



permit access for cleaning. **Exposed Wood/Particle Board** in food preparation or utensil washing areas or walk-in refrigerators is not permitted. All bare wood must be properly sealed or painted with gloss paint. Hard-rock maple may be used for cutting blocks, boards, and bakers tables. **Formica/Plastic Laminates** may be used to cover shelving, serving counters and other fixtures not subject to heavy soiling or splashing, provided laminates are applied in such a way as to meet all other required standards. The use of plastic-laminate covered wood fixtures in areas subject to high moisture, splash, grease or frequent soiling is not recommended. Properly constructed easily cleanable equipment with stainless steel work surfaces is indicated in such areas. **Walk-In Cooler** walls, ceiling and floors must be of a non-absorbent material. Exposed wooden surfaces are not permitted. Recommended materials are stainless steel or aluminum. **Only equipment and utensils that meet or exceed standards of the National Sanitation Foundation (NSF) are approved for use.**



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**Mineral Wells, Texas 76068**  
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## **RPZ BACKFLOW PREVENTER REQUIREMENTS**

A Reduced Pressure Principle Backflow Preventer (RPZ) is required on all self-service beverage machines. This device is designed to prevent any type of backflow from the carbonation system into the potable water supply in the event of a backsiphonage.

The reduced pressure principle backflow preventer must be installed by a master plumber. These devices are to be tested upon installation and annually thereafter by a licensed Backflow Prevention Assembly Tester.

1994 Uniform Plumbing Code, Chapter 6, Sec. 603.12.

### **Potable Water Supply to Carbonators**

Potable water supply to carbonators shall be protected by a listed reduced pressure principle backflow preventer as approved by the Administrative Authority for the specific use.

## **BACKFLOW PREVENTION TESTERS**

Glover Backflow Testing  
Gary Glover  
326 N. 4<sup>th</sup> St.  
Jacksboro, Texas  
940-567-3746

Charles McManus  
1625 Ederville Rd. S.  
Fort Worth, Texas 76103  
817-996-8532

Michael Pool  
5941 Midway  
Fort Worth, Texas s 76117  
817-834-6401

Chris' Plumbing  
Chris Hester  
290 Ridgecrest Dr.  
Weatherford, Texas 76088  
817-598-8055

Security Fire Systems  
Mark S. Cantu  
196 Freeport Pkwy  
Coppell, Texas 75010  
469-576-3495

Joe A. Gonzalez  
2616 Handley Dr.  
Fort Worth, Texas 76112

Pioneer Services  
Trent McNair  
400 Center Lane  
Fort Worth, Texas 76140  
817-614-0713

OR Services  
Owen Ramsey  
2001 S.E. 24<sup>th</sup> Ave.  
Mineral Wells, Texas 76067  
940-445-4866

Prestige Fire Protection  
Allen Stevens  
1361 W. Euleless Blvd., Suite 108  
Euleless, Texas 76040  
817-571-8860 817-825-5762

Charter Fire Protection, Inc.  
Ruben Canales  
P.O. Box 4578  
Pasadena, Texas 77503  
713-472-0657 713-472-8733

Ron Tyler  
817-694-3778